

THE
URBAN DISTRICT COUNCIL
OF MORECAMBE.

Medical Officer's
Report.

FOR THE YEAR ENDING
31ST DECEMBER, 1895.

MORECAMBE :

PRINTED AT THE "VISITOR" OFFICE.

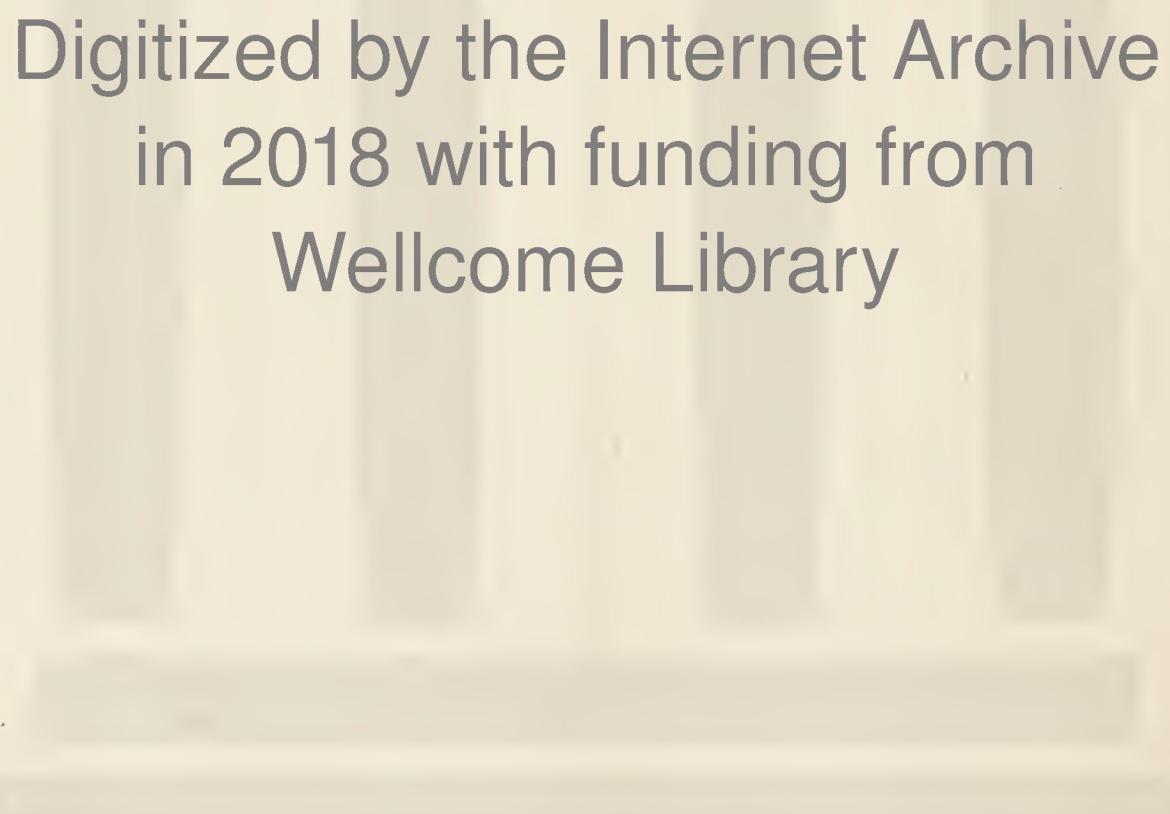
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ANNUAL REPORT

ON THE
Health of the Urban District of Morecambe.
(Poulton, Bare, Torrisholme, and Skerton Detached),
FOR THE YEAR ENDING 31st DECEMBER, 1895.

To the Chairman and Councillors of the Morecambe Urban District.

GENTLEMEN,

I have the honour to present to you my Annual Report on the Health of Morecambe for the year 1895, and, at the outset, I must congratulate you and the residents of Morecambe, for the results of deep investigation prove that the District has had almost a "record" year as regards the comparative low state of its death-rate, the much diminished number of notifications of infectious disease, the important reduction in the Phthisis (Consumption) death-rate, &c. Furthermore, there has not been a single death from "Influenza," Typhoid Fever, Diphtheria, or Erysipelas. There has only been one case of Typhoid Fever, and one of Diphtheria, during the whole year, and not a single case of Small-pox, Typhus Fever, Puerperal Fever, or Continued Fever. After reviewing all these and other facts I am compelled to repeat from a prior report "That this district possesses most of the essentials of a First-class Health Resort," and I am sure the statistics and other matter given will compare most favourably with the chief Sea-side Health Resorts of Great Britain.

In reading this report I desire you to take particular notice of the tables given.

Much more work has been done in my department, and I have to thank your staff for the help they have always given me.

SUMMARY OF STATISTICS.

Area—Morecambe Proper.....	811 acres	0 roods	36 poles	
,, Torrisholme.....	664	,,	3	,, 37 ,,
,, Bare.....	249	,,	0	,, 18 ,,
,, Skerton Detached.....	28	,,	0	,, 0 ,,
,, Morecambe Urban District	1753	,,	1	,, 11 ,,
Population, census 1891.....				6476
Population estimated, 1895.....				9006
Birth Rate (per 1000 of population).....				24·6
Death Rate (corrected for non-residents, per 1000 inhabitants).....				12·7
Infant Mortality (rate of Infant Deaths under one year to 1000 births) residential.....				139·6
Zymotic Death Rate (from the seven principal Zymotic Diseases of the Registrar-General), residential, per 1000				1·99
Phthisis (Consumption) Death Rate of Residents and Non-residents together, per 1000 of population ...				1·4
Phthisis (Consumption) Death Rate of Residents only, per 1000 of population.....				·6

POPULATION.—To estimate the population correctly is of the greatest importance, for it is on this that the vital statistics are calculated. After thoroughly going through all the methods used, and remembering the factors which affect the population in all pleasure and health resorts, I have adopted that which is considered the most correct one, and even then it must not be forgotten that the population is always estimated at the middle of the year, and consequently does not take into account the very large number of people who come here who do not qualify as residents, so the result is our ^{population} statistics are always rather under than over the true ones, and so as regards the death rates the very worst is known.

The estimated population (middle of 1895)=9006; that of 1894 obtained by the same method=8805. Thus there is an increase of 201.

The Natural increase, residents only, (which is the excess of births and deaths)=107.

The Migration increase (which is the excess of Immigration over Emigration)=94.

The importance of obtaining a correct estimate of the population is so great—the possible error usually increasing with the time from the last census—that I shall ask you to get the real number of residents in each house at the end of the first quarter of 1896 (*i.e.* about midway between two census takings), and this can easily be done at little cost of time by the collector as he goes round for the rate then due.

BIRTHS. During the year 222 births (98 males and 124 females) were registered. During last year 215 births (126 males and 89 females) were registered. Thus although there were only 7 more births this year the figures for males and females were almost reversed; this year 26 more females than males, and last year 27 more males than females. The Birth-rate=24·6 per 1000 inhabitants, and so is 0·2 per 1000 above that of 1894. The same rate for England and Wales, 1895=30·3 per 1000.

DEATHS. During the year 147 deaths were registered. 115 were of residents and 32 of non-residents. Of the 115 deaths of residents 52 were of males and 63 of females. The true death-rate (*i.e.* the rate corrected for non-residents) is the very low one of 12·7 per 1000 of inhabitants. This is slightly (0·8 per 1000) above what it was last year, but it must be remembered that last year was a record one in most parts of England, and in fact, the death-rate for England and Wales was the lowest ever recorded, and was 16·6 per 1000, and for the same time the Morecambe District death-rate was 4·7 per 1000 less than this the lowest record for England and Wales. This year the England and Wales rate was increased 2·1 per 1000 over 1894, and thus the Morecambe rate is less than that for the combined countries by 6 per 1000.

	Death-rate for Morecambe (Residential).	Death-rate for England and Wales.
1893	14·9	19·2
1894	11·9	16·6 (the lowest ever recorded)
1895	12·7	18·7

Before leaving this paragraph, I must ask you to note the details as to ages and causes of death, &c., which you will find chiefly under "Infant Mortality," "Senile Mortality," "Some of the Causes of Death," and Tables A and D.

AGES AT DEATH, OR MORTALITY AT GROUPS OF AGES.

	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Totals
1895—Residents only.....	31 ..	17 ..	3 ..	2 ..	34 ..	28 ..	115
1895—Non-Residents only..	5 ..	2 ..	0 ..	6 ..	15 ..	4 ..	32
1895—Total of both	36 ..	19 ..	3 ..	8 ..	49 ..	32 ..	147
1894—Total of both	32 ..	4 ..	8 ..	39 ..	39 ..	39 ..	122

INFANT MORTALITY.

As a normal condition the tendency to death is high in infancy, and then it diminishes in amount towards a minimum which is in the 10—15 years age-group, and then onwards it steadily increases throughout life. The rate of Infant Mortality is occasionally used as a rough indication of the healthiness or otherwise of a district, but this cannot be taken as such by sanitarians, for there are so many widely varying causes to be taken into account, and as a fact it is sometimes high in towns which have a low general death-rate. One of the chief causes which increases the death-rate in infancy is undoubtedly incorrect feeding which often results in Rickets, Convulsions, Diarrhoea, etc. All authorities agree that a healthy mother's milk is usually the best food for an infant, and most know how often this is discarded for farinaceous foods.

It is always advisable to thoroughly analyse the Infant Mortality, and so I give the following, which shows the cause of death of all the Infants under 1 year, residents and non-residents, that occurred during 1895.

	Debility at Birth, &c.	Premature Birth.	Defective develop- ment of Heart.	Pneumonia.	Diarrhoea.	Tubercular Men- ingitis.	Acute Gastritis	Teething and Men- ingitis.	Convulsions.	Whooping Cough and Convulsions.	Bronchitis.	Bronchitis and Convulsions.	A Complicated Case.
Residents	7	2		1	9	2	1	1	3	1	2	2	
Non-Residents..	1		1		2								1

Of the 115 deaths of inhabitants 31 were of infants under 1 year of age. This is only one above the 1893 amount, but 10 above that of 1894. The Infant Mortality, measured as the rate of Infant deaths under 1 year to 1000 births, = 139·6.

Note the following table :—	1893	1894	1895
Morecambe Infant Mortality Rate	137·6	97·6	189·6
England and Wales do.	159·0	137·0	161·0

The chief feature brought out by the table of causes of Infant deaths given above is the absence of Measles, and only one from Whooping Cough. You will note that the greatest number is that under Diarrhoea. This is not exceptional considering the time of the year and the districts in which most occurred. It is to

be observed, however, that only two infants of visitors died from it. Not one of the whole 36 deaths was due to a disease which is included amongst those that are compulsorily notified under the Infectious Diseases (Notification) Act.

SENILO MORTALITY.—By this is meant the deaths that occurred in the age-group of 65 and upwards. It is encouraging to see this number has decreased by 7 as compared with last year, and that in neither year has this group been more in Morecambe than the 25—65 age group.

SOME OF THE CAUSES OF DEATH.

A most important part of the report. To grasp it the passages on "Deaths," "Infant Mortality," "Remarks concerning the working of the Infectious Diseases (Notification) Act, 1889," and Tables A. B. D. &c., should be turned to.

A. ZYMOtic DISEASES.—This group does not coincide with the group of diseases which are included in the Infectious Diseases (Notification) Act, and, really, it embraces more than what is named the "Seven Principal Zymotic Diseases of the Registrar-General," but we will now only concern ourselves with the latter, and they are:—Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Diarrhoea, and "Fever." The term "Fever" denotes Typhus, Typhoid (Enteric), and Simple Continued and Ill Defined Forms of Fever.

The Zymotic-rate is one which varies very much at different times. It is looked upon by the laity more than any other death-rate as an expression of the Sanitary state of a district, but it is a very variable factor to go by, because it includes such a mixed group of diseases, some of which have little to do with the Sanitary equipment of a district, and certainly one disease of the group, viz., fatal Diarrhoea, is, excluding epidemics, as frequently caused by Rickets, irritable food, &c., as it is by Zymotic influences. The two chief diseases with which we are concerned here, which have as their main cause of existence a defective sanitary one, are Diphtheria and Typhoid Fever, and I must remark that we have had only one case of each during the entire year, and they were not during the ordinary Morecambe season.

From the whole group 20 died, two of whom were non-residents = 18 residents.

The true Zymotic Death Rate (that of residents only) = 1.99 per 1000 inhabitants.

For 1894 the true Zymotic Death Rate (that of residents only) = 1.47 per 1000 inhabitants.

1. SMALL-POX.—It is a great pleasure to be able again to state that this dreaded disease has been entirely absent. It is now some years since there was a case in Morecambe. I trust, however, that parents will see to it that their children are vaccinated early in life, so that should the Small-pox germ come this way it will find little food for its support. I must here mention the good continued attention the so-called Small-pox Hospital receives, so that it is ever ready for the reception of a case when called on.

2. MEASLES.—This disease is not notified here, and knowing the experience of towns which have had it notified, I cannot recommend you to adopt it as yet. During the close of 1894 and the early part of 1895 there were many mild cases in the district, and as a matter of precaution and prevention I advised that the Public Schools be closed for a few weeks, with the result that the disease died out, and during the whole year (1895) only two cases died, one in January and one in February; both were complicated with Bronchitis. I must repeat that popular fallacies associated with Measles (and some other diseases, *e.g.*, Whooping Cough) are numerous, and it is time they were removed. A child is not bound to have Measles or any other Infection or Non-infectious disease, and although cases of death from Measles itself are rare, yet the pulmonary complications (*e.g.*, Bronchitis), and Diarrhoea, &c., which as often accompany it, are frequent causes of death.

3. SCARLATINA (SCARLET FEVER).—Fifteen cases have been notified as against 16 last year. Every case has been investigated as to when and where it originated, probable cause, &c. Three were visitors living in one house, and the cause was traced to a “peeling” case living at the home of one of the visitors. Another case was that of a resident, and here again a visitor convalescent from Scarlatina was the cause. The above four cases were the only ones that occurred at all near the Morecambe season, the three being in June and the one in September. In November eight cases occurred, four of which were in Morecambe proper, and four in Torrisholme. No cause could be found for Torrisholme cases, but the other four had a very obvious origin, and attention has been given to it. Of all the 15 cases only one died, and that was of a child, under two years of age, at Torrisholme.

You will observe from a subsequent table and from data given above, that no residents had Scarlatina during May, June, July, or August, *i.e.*, the chief part of the Morecambe season, and I must further say that only two deaths from this disease have been registered during the last three years in Morecambe.

4. DIPHTHERIA.—There is a marked improvement under this heading this year, as compared with the two previous years (*vide table*). Only one case has been notified, and that was in November. It was in a small private house, and I am pleased to say it recovered. As regards its origin :—quick search was made and I was quite satisfied as to its nature—results of dampness and possible storage of some dead animal matter.

5. WHOOPING-COUGH.—This is another infectious disease which is not notified here, and like measles it has many wrong ideas fixed to its doings, and these ideas cause wrong dealing with the cases, and no attention is paid to isolation, disinfection of the expectoration, &c. For similar reasons I gave under measles I cannot recommend you to include it amongst the diseases which have to be notified. From observation, I should say that there has been a decided decrease in the number of cases as compared with 1894. 1895 resembled 1893 in this disease. Two deaths were recorded, both were in June, and both were complicated with convulsions.

6. DIARRHŒA (AND DYSENTERY).—It is the rule for this disease or symptom of a disease to be the cause of many deaths throughout the whole country. Sometimes it is certainly not Zymotic, but at other times, as in epidemics, it is, and so it comes about that all cases, whether Zymotic or not, are included under the heading of Zymotic Disease. It caused 15 deaths, 2 being of non-residents. This is lower by 3 than in 1893, but higher by 10 than in 1894. Two only were above 5 years of age.

Other remarks on Diarrhœa are found under “Infant Mortality,” “Measles,” &c.

7. “FEVER.”

(i.) TYPHUS.—As to this I have only to state what was said in the 1894 report. That “this disease which has as its predisposing causes, overcrowding, filth, privation, &c., has been, as is usual here, entirely absent.”

(ii.) TYPHOID (ENTERIC).—There has only been one case of this disease notified during the entire year, and it was in September. This, together with the good report under Diphtheria, is a state of affairs which you, as a Sanitary Authority, have reason to be proud of. The case recovered. The apparent origin was not far to seek. The patient lived in a two-roomed house which had only one door opening directly to the outside, and was absolutely devoid of sanitary arrangements.

Last year 9 cases were notified, and 1 died.

(iii.) SIMPLE CONTINUED, &c., FEVERS.—No cases notified. This fact, seeing that this class generally approaches more of the Typhoid type than any other fever, confirms the congratulation given under "Typhoid."

(b.) INFLUENZA (EPIDEMIC CATARRHAL FEVER).—This heading deserves special mention, for although during February and March there were many cases there was not a single death recorded from it. Taking into consideration the number of cases that existed it was a matter of much surprise to me at the time that there was not one death, and I am sure it will be one of gratitude with you.

(c.) PUERPERAL FEVER (CHILD-BED FEVER).—No cases either this year or last.

(d.) ERYsipelas.—23 cases were notified and all recovered. Six were visitors. Most were idiopathic in origin. Last year 25 cases were notified and only one died.

(e.) PHthisis or CONSUMPTION.—The figures here given will be of value to all people that are threatened with, or really have, Consumption. During the year only 6 residents, and 7 non-residents, died from this disease. From the death certificates I conclude that three or four of the non-residents were far advanced in the disease when they left their homes.

The *true* Phthisis death-rate = 0·6 per 1000. That for residents plus non-residents = 1·4 per 1000. These rates are very low indeed. It is very satisfactory to know improved sanitation is followed by a lowering of the Phthisis death-rate. The disease is undoubtedly to a great extent a preventable one, and it is the stern duty of all Sanitary Authorities to take advantage of those Sanitary Improvements which have been proved to lessen the mortality from this dread disease.

		Morecambe Residents only.	Morecambe Residents and Non-Residents.
Phthisis death-rate	{ 1894 ... 1·02 ... 1·13		
	{ 1895 ... 0·6 ... 1·40		

The average rate for the years 1886—1890 for England and Wales = 1·60.

F. BRONCHITIS.—This is usually grouped together with Pneumonia and Pleurisy, but as I stated in the 1894 report "so much evidence is given from time to time by Chronic Bronchitics and Bronchitic-Asthmatics as to the great benefits they have derived by staying or living here that I intend making a sub-

division of the above group, for it embraces so much that is Chronic under Bronchitis, and so much that is Acute under Pneumonia and Pleurisy, and it is the more Chronic forms of disease that cause patients to seek our health resort," that I now separate them.

Mortality from Bronchitis (resident and non-resident)	16	{ under 5	8
		{ 5 and upwards	8
Mortality from Bronchitis and Pleurisy (a resident)	1	5 and upwards	1
Mortality from Pneumonia (resident and non-resident)	6	{ under 5	3
		{ 5 and upwards	3
	23		

The gross (resident and non-residents) death rate from Bronchitis only (including the Bronchitis and Pleurisy case).....=1.8 per 1000.

The gross (resident and non-residents) death rate from Pneumonia only.....=.6 , , ,

The gross (resident and non-residents) death rate for the whole group, 1895=2.4 , , ,

The gross (resident and non-residents) death rate for the whole group, 1894=2.04 , , ,

You notice I don't separate residents from non-residents, because it is this disease (Bronchitis) chiefly (and to some extent the same would hold good for Phthisis) that causes invalids to stay here for a long period, and so as to make no error I include all the cases.

Amongst the causes which encourage Bronchitics to stay here may be mentioned the excess of ozone and comparative equable temperature, &c., &c., which sea-side places enjoy in general, and the protection we get from certain winds, and the level walks, &c., in particular.

REMARKS CONCERNING THE WORKING OF THE INFECTIOUS DISEASES (NOTIFICATION) ACT, 1889.

The Infectious Diseases to which this act applies in Morecambe are:—Small-pox, Cholera, Diphtheria, Membranous Croup, Erysipelas, Scarlatina, and Typhus, Typhoid (Enteric), Relapsing, Continued, and Puerperal Fevers.

There has been a great decrease in the number of these diseases this year as compared with the two previous years.

The following table shows the gross number, kind, and month of the notified cases:—

	Small-pox	Cholera	Diphtheria	Mem-branous Croup	Erysip-elias	Scarla-tina	Typhus Fever	Typhoid Fever	Relaps-ing Fever	C'ntin'd Fever	Puer-peral Fever	TOTALS DURING EACH MONTH.
January	3	1	.....	.....	.....	.....	.....	4
February	1	.....	.....	.....	.....	.....	.....	1
March	1	1	.....	.....	.....	.....	.....	2
April	2	1	.....	.....	.....	.....	.....	3
May	1	.....	.....	.....	.....	.....	.....	1
June	2	3	.....	.....	.....	.....	.....	5
July	5	.....	.....	.....	.....	.....	.....	5
August	3	.....	.....	.....	.....	.....	.....	3
September	3	1	.....	.....	.....	.....	.....	5
October	1	.....	.....	.....	.....	.....	.....	1
November	1	.....	.....	8	.....	.....	.....	.....	9
December	1	.....	.....	.....	.....	.....	.....	1
TOTAL OF CASES OF EACH DISEASE.....	1	.....	.....	23	15	.....	1	.....	GRAND TOTAL 40

You will see at a glance there were no cases of Small-pox, Cholera, Membranous Croup, Typhus, Relapsing, Continued, or Puerperal Fevers during the year, and only one of Typhoid Fever, one of Diphtheria, 23 of Erysipelas, and 15 of Scarlet Fever (3 of the last and 6 of the last but one were of non-residents) = 40 in all. This is 18 below last year's amount, and further, whilst 14 died of the 58 cases recorded last year, only one, and it was a Scarlet Fever case (see under heading "Scarlet Fever"), died out of the 40 recorded this year. This is, indeed, very satisfactory.

The following table shows the number of each Infectious Disease notified, and the totals of all notified, and the number of deaths of the year's group, during 1893, 1894 and 1895.

	Smallpox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlatina.	Typhus Fever.	Typhoid Fever.	Relapsing Fever.	Continued Fever.	Puerperal Fever.	Total each Year.	Total Deaths each Year.
1893	5	...	26	58	...	7	...	5	1	102	23
1894	2	...	25	16	...	9	...	6	...	58	14
1895	1	...	23	15	...	1	...	...	...	40	1

The following table shows the comparison between the death rates of the "Seven Principal Zymotic Diseases of the Registrar General" for the years 1893-4-5.

	Small Pox	Measles	Scarlet Fever	Diphtheria	Whooping Cough	Diarrhoea	Fever			Typhoid	Simple Continued	Totals
							Typhus	Typhoid	Simple Continued			
1893	1	2	...	18	...	2	...	...	...	23
1894	...	1	...	2	2	5	...	1	3	...	...	14
1895	...	2	1	...	2	15	...	...	...	...	...	20

An increasing amount of work is done under this Act each year. Every case notified, as far as was deemed necessary, was investigated with a view to its origin, and to preventing any further spreading, &c., and the tables will show how far this has been successful. Printed directions have been sent out and other advice given.

THE HOSPITAL has been kept in excellent order and is well aired and very clean. It is always ready. You will be pleased to learn that there has not been any necessity to use it.

AS REGARDS DISINFECTION. The printed slips above alluded to have been sent out, and a sufficient supply of disinfectants, powder and fluid, is always served out at any time when request is made for it. The Steam Disinfector has been used several times, but not often enough. You have been at much expense to get one of the very best kind, and I am sure no large town has a better. I intend to take full advantage of "The Infectious Diseases Prevention Act, 1890," or of Section 120 of "The Public Health Act, 1875," with respect to Disinfection in the future, for I am satisfied that ordinary voluntary disinfection is not sufficiently thorough as a rule.

I believe the district is as able and fit to cope with infectious disease as most towns.

THE WATER SUPPLY.

This has been excellent in quality and sufficient in quantity. I have never heard a single complaint about it; and I can say that in no case has it been found to be a factor in the causation of disease.

SANITARY MATTERS, &c.

I have made a general inspection of the entire district and a special inspection of several parts of it.

HOUSES, &c.—The character of the house accommodation is good, and most of the houses are well constructed, but I must again refer to occasional complaints of "water in the cellars." There are no back-to-back houses, nor any registered common lodging houses.

BAKEHOUSES.—By your orders your Surveyor and myself commenced a special examination of the bakehouses in the district. This is not yet finished, but I may say that up to now only one serious defect has been found. We purpose laying our reports before you at a later date for we cannot give a proper statement about some as they are not in working order in the winter months.

SLAUGHTER-HOUSES.—These are private but are regularly inspected by your officials.

SCAVENGING is carried on fairly satisfactorily, and refuse is disposed of in tips outside the town. I hope you will soon consider the advisability of having the few middens that are in use emptied during the night.

SEWAGE DISPOSAL.—The present form is water-carriage, and there are 7 outlets into the sea. I trust that the highly important enquiry you are at present making as to a new sewage scheme will be terminated only after comparison with all good methods now in vogue at sea-side places, and that the one you adopt will be the best obtainable.

FACTORIES AND WORKSHOPS.—They are few in number, and all, so far as I can learn, are attended to in the proper manner.

OFFENSIVE TRADES.—There are none.

"THE HOUSING OF THE WORKING CLASSES ACT, 1890."—No action.

DAIRIES, COWSHEDS, AND MILK-SHOPS.—No action. I can state that in no case has milk been found to be the cause of infectious disease.

FOOD.—No food, which has been exposed for sale, has been found unfit for human consumption.

SANITARY NOTICES.—Nine sanitary notices were served during the year. Three were in reference to nuisances from smoke, three from horse manure, and three from defective privies. Legal proceedings were necessary in one case only, and that was in connection with a defective privy.

METEOROLOGICAL INSTRUMENTS.

THE METEOROLOGICAL INSTRUMENTS.—On my recommendation last year you purchased a good set of weather instruments, all of which are valuable ones, and are at present in good working order. I am pleased you had the foresight to have the Maximum and Minimum Thermometers, the Wet and Dry Bulb Thermometers (Hygrometer), the Rain Guage, and the Wind Guage (Robinson's Anemometer) passed through, and certified by the authorities at the Kew Observatory. The 4 thermometers are in the Stevenson's screen, and it and the Rain Guage are placed in a correct manner on a portion of the Green just east of the Lavatories at The Crossings, and here they are surrounded by railings which have been fixed to the regulation angle in relation to the rim of the

Rain Guage. The Sunshine Recorder is in a capital position on the new balcony on the top of the N.E. end of the aforesaid Lavatories. The Wind Guage, although not nearly so important an instrument as the others, is placed temporarily on a post near to the Sunshine Recorder, and it is read at the time the other observations are being taken. The place for the wind instrument is not an ideal one for its working can be so easily modified by numerous eddies, &c., but the importance of the instrument is not such as to go to any further expense in the matter. I drafted out a lengthy table for purpose of keeping a register of the observations, and a copy of this is placed each day in the box at the flag staff. I understand the old Barometer has been pronounced a good one by a Weather Office Authority.

Before concluding this Report I must ask you to again consider the advisability of:—

1. Commencing a thorough system of drain-testing. I really think this is important.

2. Of gratuitously disinfecting every room in which there has been an infectious case.

I am, Gentlemen,

Yours faithfully,

J. W. WATTERSON,

Medical Officer of Health.

TABLE "A."
*Table of DEATHS during the Year 1895, in the Morecambe Urban District, classified according to
 DISEASES, AGES, AND LOCALITIES.*

NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (Columns for Population and Births are in Table B.) a	MORTALITY FROM ALL CAUSES AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER 5 YEARS OF AGE.																					
	At all ages. b	Under 1 Year. c	1 and under 5 d	5 and under 15 e	15 and under 25 f	25 and under 65 g	65 and upwards h	i	1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	5 Typhus.	6 Enteric or Typhoid.	7 Continued.	8 Relapsing.	9 Puerperal.	10 Cholera.	11 Erysipelas.	12 Measles.	13 Whooping Cough.	14 Diarrhoea and Dysentery.	15 Rheumatic Fever.	16 Phthisis.	17 Bronchitis, Pneumonia, and Pleurisy.	18 Heart Disease.	19 * Injuries.	20 All other Diseases.	21 24 48 24 2	22 55 92 55 92
		Under 5.. 5 upwards..	1																											
Morecambe	147	36	19	3	8	49	32	Under 5.. 5 upwards..	1									2	2	2	13	2	11	2	24	55				
TOTALS	147	36	19	3	8	49	32	Under 5.. 5 upwards..	1									2	2	13	2	13	11	2	24	55				
Deaths occurring within the district among persons not belonging thereto.	32	5	2	0	6	15	4	Under 5.. 5 upwards..												2	1	7	1	1	3	7				
																									11	25				

The subjoined numbers have also to be taken into account in judging of the above records of mortality.

TABLE "B."

Table of POPULATION, BIRTHS, AND OF NEW CASES of INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1895, in the Morecambe Urban District; classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	POPULATION OF ALL AGES.		Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.												NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.													
	Census 1891. b	Estimated to middle of 1895. c			Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.				10 Cholera.	11 Erysipelas.	12	13	1 Smallpox.	2 Scarlatina.	3 Diphtheria.	4 Membranous Croup.	FEVERS.				10 Cholera.	11 Erysipelas.	12	13		
									1 Typhus.	2 Enteric or Typhoid.	3 Continued.	4 Relapsing.																		
Morecambe	6476	9006	222		....	15	1	....	....	1	....	....	....	23	....	....	....	....	....	....	....	....	....	....	....	....	....
TOTALS....	6476	9006	222		....	15	1	....	....	1	....	....	....	23	....	....	....	....	....	....	....	....	....	....	....	....	....

State here whether "Notification of Infectious Disease" is compulsory in the District. Yes. Since when? 9th June, 1891. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly. State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated. In a field off the main highway, about midway between Morecambe proper and Torrisholme.

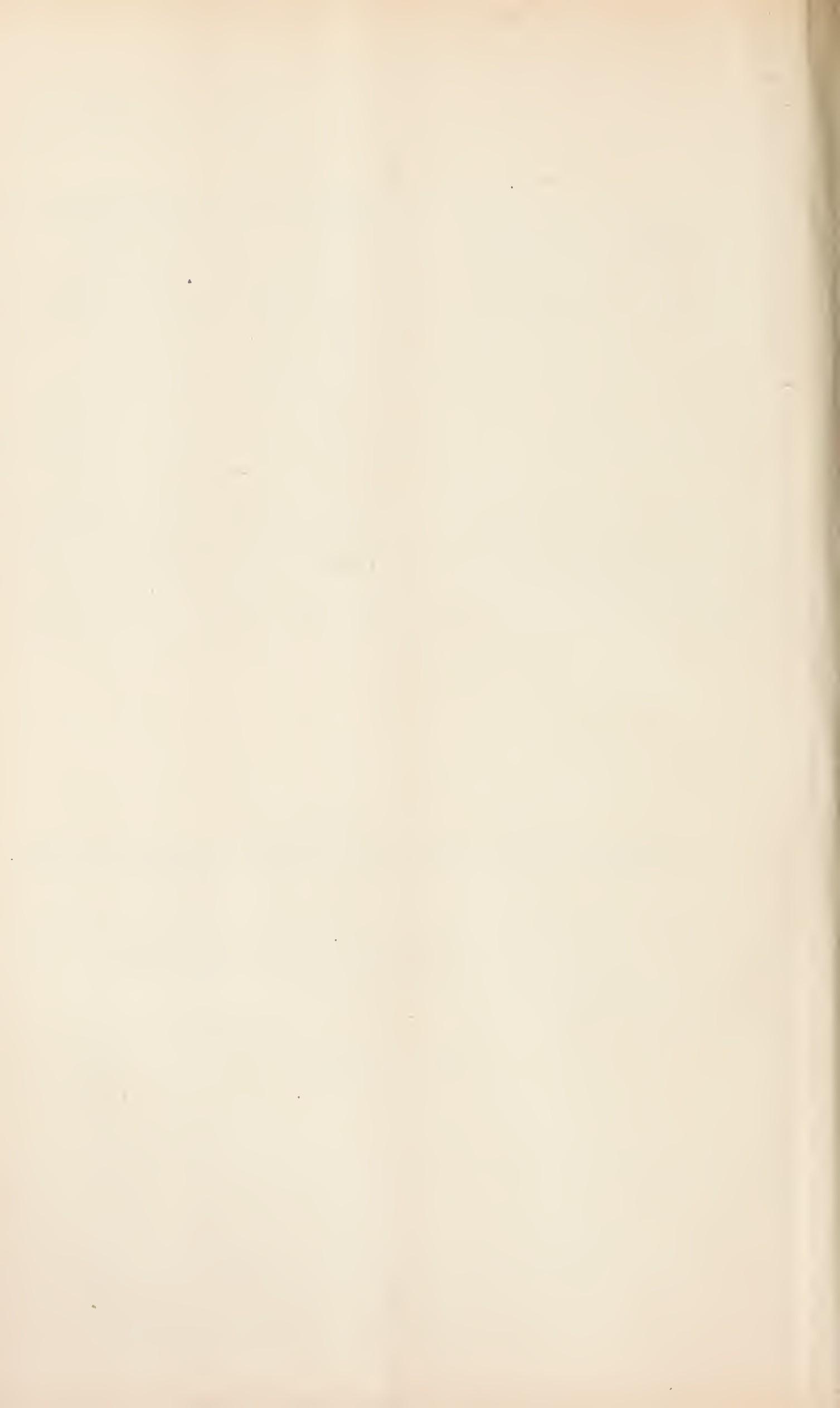


TABLE "D."

